Revisi	on: HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938-
	STATE PLAN State/Territo		F THE SOCIAL SECURITY ACT
	Option Quali:	al Sliding Scale fied Disabled and	Premiums Imposed on Working Individuals
qu	e following method alified disabled a 02(a)(10)(E)(ii) o	and working indivi	rmine the monthly premium impo iduals covered under section
for	premium payment,	notification of	sed is as follows (include due the consequences of nonpayment aiver of premium payment):
			-
	ption provided on	attachment.	New 10-
Superse		Date FEB 2 8 1992	Effective Date OCT 01 199

OKlahoma JAN 2 0 1992 FEB 2 8 1992 OCT U1 1991

Rev	ision:	HCFA-PM-91 AUGUST 1991	-4 (BP	(סי		ATTACHMEN Page 2 OMB No.:(NT 4.18-E	
	_	STATE PLA	N UNDER	ritle XI	X OF THE	SOCIAL SECU	RITY ACT	
		State/Terri	tory: _	OKL	AHOMA			•
c.	State	or local fu	nds under	other	programs	are used to	pay for pr	emiums:
		Yes	`		No			
D.	The cr	iteria used	for dete	rmining cause	whether	the agency whardship on	ill waive ;	payment of
	descri	bed below:						
		*** * * * * * * * * * * * * * * * * *				•		

*Description provided on attachment.

TN No. OK-OOI
Supersedes Approval Date FEB 2 8 1992
TN No.

FEB 2 8 1992 OCT 01 1991 92-01

HCFA ID: 7986E

New 10-01-91

Effective Date OCT 01 1991